

A QUALITATIVE STUDY OF HEROIN ADDICTION RECOVERY: IMPLICATIONS FOR SOCIAL WORK PRACTICE

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Introduction

This study was developed with the intention of making a small contribution to the resolution of a continually growing problem faced in social work practice -- drug addiction. Specifically, the study examined heroin addiction recovery. The overall goal of the study was to provide an improved understanding of the recovery process so that treatment options would improve. This was achieved by pursuing primary and secondary research objectives. The first objective was to produce information about the recovery process that would add to that which was already known. The secondary objective was to use that information to add to the theory base on heroin addiction recovery.

Theories of Heroin Addiction Recovery

The theory of heroin addiction recovery most often cited is Winick's (1962) "maturing out" theory. Winick concluded that heroin addicts matured out of their addictions by assuming adult roles. According to him, this usually occurred in their mid-thirties. He also characterized the postponement of maturation as a disease running its course. Winick's maturing out theory has been subjected to more scrutiny than other theories of heroin addiction recovery.

Perhaps the second most discussed theory in this area is the "hitting rock bottom" theory presented by Brill (1972) and Waldorf (1973). They discovered that recovery was initiated by the onset of numerous problems from which the only rational solution was a renunciation of heroin use. For example, the addict may have simultaneously found himself homeless, facing imprisonment, abandoned by wife or family, or confronted with a variety of other serious personal problems. A number of other researchers have also discovered that recovery began for many heroin

addicts under similar circumstances. Bess, Janus, and Rifkin (1972) referred to this phenomenon as the "end of the road syndrome." The same condition was reported by Coleman (1978) and was referred to by him as the "existential crisis." Other researchers (e.g., Jorquez, 1983) recognize the value of the overall concept and simply use Waldorf and Brill's term of hitting rock bottom to refer to this phenomenon.

Vaillant's (1966, 1973) findings that regular employment and coming from an intact family prior to using heroin were related to successful recovery efforts have also been cited by many drug abuse researchers. Similarly, the "situational addict" theory based on Robins (1973) finding that a number of Vietnam veterans who had been heroin addicts in Vietnam suddenly quit using the drug upon returning to the United States is also a well-known finding within drug abuse research.

In 1980, the National Institute on Drug Abuse (NIDA) attempted to bring together a variety of diverse theories on drug addiction recovery by collecting them from well-known drug abuse theorists throughout the United States. This compendium of 43 theoretical perspectives on 5 components of drug abuse, edited by Lettieri, Sayers, and Pearson (1980), outlines a variety of theories on heroin addiction recovery and has become a valuable resource for substance abuse researchers. Below are several theories that were especially relevant for understanding heroin addiction recovery.

Chein (1980) presented a "disruptive environment" theory. According to Chein, some form of outside help is needed if recovery is to be realized. He stressed the need for a therapeutic relationship and help for a long period of time. His theory emphasized the importance of motivation and the need to change environments.

The "drug subculture" theory submitted by Johnson (1980) hypothesized that the addict is committed to values of a subculture. According to him, the addict will begin to recover when commitments to those values decline. Changing reference groups or assuming adult roles were reported to provide opportunities for developing new and healthier values.

Lindesmith (1980) offered a "general addiction" theory that can be divided into two distinct components.

The first component states that membership in the addict population becomes distasteful, and results in attempts to quit. As the addict grows older, and periods of abstinence grow longer, the probability of lasting recovery increases. The second component suggests that the decision to quit is augmented by a growing disillusionment which results from the difficulty of reaching a desired state of euphoria.

Spotts and Shontz' (1980) "life theme" theory identified a series of conditions that could result in recovery. They noted the importance of the availability of the drug of choice. They also discussed conditions such as aging, increased maturity, and burning out. Finally, they identified the dissatisfaction with the drug addict lifestyle and the finding of a new source of power (e.g., a counselor, a parent, a wife, a religious figure, or a rehabilitation program) as potent conditions for recovery.

Winick, the original developer of the maturing out theory, was asked by NIDA to submit his theory on recovery. Winick's (1980) more recent explanation is subsumed under the heading of "role" theory, and contains several components. The theory suggests that recovery is fostered when access to the drug declines, negative attitudes to their use become salient, and role strain and/or deprivation are less prevalent. He continued to cite the value of his maturing out theory, and added that influences such as gender, ethnicity, residence, and other conditions should be considered. In 1986, NIDA collected and published "state of the art" papers on "relapse and recovery," edited by Tims and Leukefeld. Essentially, the relevant contributions supported the various explanations submitted in 1980 and the findings of formal research beyond the Lettieri, et al. project. The only striking difference was Wesson, Havassy, and Smith's (1986) emphasis on the potential value of the Alcoholics Anonymous (AA) 12-step model for beginning and maintaining recovery for the drug addict. This 1986 observation appears to be particularly useful since many of the recovered addicts in this study were members of Narcotics Anonymous (NA), and were interviewed in the latter part of 1986.

These theories and research represent both divergent and convergent explanations of heroin addiction recovery. The divergency is useful in the sense that the process of

recovery is likely to be influenced by many varying dynamics. Each recovery situation brings with it its own unique and complex phenomenological reality. The reasons for beginning heroin use, individual characteristics of the user, socio-political climate of the times, and other factors make understanding the recovery process of each individual addict difficult. To conclude that there is one and only one path to recovery would be naive at best. Nonetheless, a number of the explanations and findings presented by these theories and researchers do converge into common themes. These explanations can be beneficial if viewed as having some explanatory power for understanding some, but not all, recovery situations.

Research Method

Overall Design

This research was an exploratory-descriptive study which utilized a snowball sampling strategy to access 32 recovered heroin addicts throughout the state of Tennessee in the latter part of 1986. Approximately eight ex-addicts were located in each of the four major metropolitan areas of the state -- Memphis, Nashville, Knoxville, and Chattanooga. In-depth, tape-recorded interviews were conducted with them to find out exactly how they overcame their addictions. All of the respondents had been chronically addicted to heroin for a period of at least three years, and had been recovered for at least three years. The sample included 19 males and 13 females. Of these 32, 20 were white, and 12 were black.

Key Terms

The key terms in this study were "heroin addict" and "recovered heroin addict." Heroin addict referred to an individual who had become psychologically and physically habituated to the daily intravenous injection of heroin. Although heroin was the focal drug, habituation to intake of other powerful opiates (e.g., hydromorphone, meperidine, methadone, etc.) when heroin was not available was an acceptable alternative condition. For the purpose of this study, a minimum of three years of habituation was the criterion. This criterion was established with recognition that periodically daily intake of heroin is sometimes interrupted, even for the most resourceful heroin addict.

A recovered heroin addict referred to an individual who had arrested his/her habitual use of heroin and/or other opiates. The person was expected to be free of habitual daily use of all mind-altering drugs (including alcohol).

Data Analysis

There were two distinct procedures used to analyze the data from the interviews. They were descriptive analysis and select principles of the grounded theory approach.

Descriptive analysis essentially produces very detailed descriptions of various phenomena and is most widely associated with the field of anthropology. The detailed descriptions within this study were focused on meaningful phenomena that emerged from the data. The import of these phenomena was determined by the relative absence of discussions on these phenomena in the professional and scholarly literature, and the relevance that such a discussion could hold for an improved understanding of heroin addiction recovery. Content analysis was the primary method used to organize the data for both the descriptive analysis and the modified grounded theory approach.

Basically, the grounded theory approach to research is a method by which theory can be developed. This strategy brings together existing commonalities among the data, and illustrates those commonalities by developing theoretical propositions. These propositions, in turn, serve as a source by which an integrated theory can emerge to explain those commonalities. Once the theory has been developed, it stands as a statement to be tested through other research techniques (e.g., hypothesis-testing). These grounded theory principles essentially guided the theory formulation component of this study.

Data Validity Issues

Maddux and Desmond (1975) and Stephens (1972) conducted research especially geared toward responding to issues around self reports of drug addicts. Surprisingly, they found that heroin addicts, even those still actively using heroin, were honest about details of their lives when they were participants in research. Jorquez (1980, p. 149) concluded that truth telling or lying by the

addict as well as others was a function of a particular situation. Hence, addicts were found to be telling the truth in these studies because they really had nothing to gain or lose by not doing so.

It should also be kept in mind that these ex-addicts were not simply interviewed because they were available. These respondents were referred to the researcher by someone, and in some cases by several people, who knew of their recovery and oftentimes had been acquainted with them when they were addicted. Some aspects of their situations were inadvertently corroborated by the individual who had referred them to the researcher. Other aspects were corroborated by observations that the researcher made while making the initial contact for the interview and while conducting the actual interview. And, in no instance did the researcher make observations that were inconsistent with what was stated by the person in the interview.

The second issue that warrants brief attention surrounds the accuracy of data that were transferred from the tape recordings to cards used for the content analysis. The effects of the transfer process were tested by asking an independent drug addiction expert to also transfer the relevant content from the recordings. Since it took the researcher a considerable amount of time to transfer the content of even one recording to the cards, a decision was made to ask him to randomly select five of the recordings and transfer the relevant material to the cards. Upon comparing his transfer of the material with the identical transfers of the researcher, it was decided that the researcher did, indeed, transfer the relevant material from the tape recordings to the content analysis cards.

Findings

Narcotics Anonymous

Perhaps the most surprising discovery to emerge from this study was the extent of the role that NA played in the recovery of these ex-addicts. One-half of the 32 respondents reported that becoming a member of NA and continuing to be an active participant in the organization played the most important role in their maintaining their recovery.

NA is a national network of self-help groups of recovering drug addicts which meet regularly to help each other stay off drugs. The group, or fellowship as it is referred to by its members, was formed in July of 1953 (NA, 1983, p. 11), and is an offshoot of AA. NA, like AA, is commonly referred to as a "12-step" program. These "steps," or principles that promote recovery for the addicts, were borrowed from the 12 principles developed by AA to help the alcoholic seeking recovery. (See AA, 1955, p. 59, for original 12 steps.)

Beyond a doubt, the most important activity of these NA members was attending NA meetings. For the most part, recovery for these ex-addicts both began and continued to be nourished at an NA meeting. The network of non-using friends was developed there, and the overall NA culture, of which these addicts have become integral members, was introduced to them there. Although all of the respondents interviewed had been recovered for at least three years, most of them still attended several meetings per week. Many of them pointed out that NA meetings and related activities had begun to play a dominant role in their overall private and social lives.

Immersion into Alternative Activity

Many of the respondents in the study (both NA and non-NA members) discussed the critical importance of using leisure time in a manner that was fulfilling and rewarding. The researcher was reminded that being a heroin addict, though sometimes frightening and unpredictable, was exciting and adventurous. Maintaining a heroin habit, for some of these ex-addicts, required an extensive effort, and kept them busy developing and implementing "schemes" to raise money. Consequently, being busy and involved with meaningful activities during recovery was discovered to play a major role in the life of practically all of the respondents. Several of them stated directly that keeping busy, particularly with work and other activities that they felt were fulfilling, played the most important role in maintaining their recovery. Several respondents who were parents recalled becoming deeply involved in family activities, particularly activities that involved their children. Other respondents stated that since recovering from their addiction, they had become "workaholics," and were continually involved in work-related activities.

Working in Drug Abuse Treatment Environment

One of the means by which many of these recovered addicts became deeply involved in a fulfilling activity was through employment in a drug abuse treatment facility. At least one-half (16) of them were employed in such facilities at the time of the interviews. These treatment facilities were basically in-patient care units, and included, for example, therapeutic communities, rehabilitation units in hospitals, and private residential care facilities. Most of these respondents served as counselors and aides, while others carried out more administrative responsibilities.

This kind of work proved to be particularly beneficial for these respondents maintaining their recovery. Several key dynamics, all yielding significant therapeutic benefits for the recovered addict, were discovered to be operating in such settings. They were the nature of the work, the status that is achieved by the ex-addict among his or her drug addict peers and the larger community, and the constant reminder/negative reinforcement that the ex-addict receives on almost a daily basis. An excerpt from the response of a 35-year-old, white female illustrates the value of this experience to the recovered addict. She stated:

The job that I have is helpful in maintaining that [recovery]. It helps me to see sick people. I see cocaine addicts all the time. I see opiate addicts. I see alcoholics. And they "roll" in here all the time. And they're sick and they're suffering. And they're in denial. And they're just like I was. There is hardly a person who comes in, and I admit most of them because of the shifts that I work, that I don't [identify with]. I'll be sitting there filling out the papers and talking to them and think, "Jesus, God, he's just like I was!" You see this time after time after time, and it's helpful. It reinforces that in my head [that], "I don't want that again."

Women's Issues Relative to Recovery

Health issues among recovering female ex-addicts appear to be the only issues that have received adequate

attention by researchers. Other pertinent conditions that impact female recovery have, at best, received only modest attention and, at worst, none. These conditions in this study fell under three broad headings: issues surrounding female acculturation that impact the recovery process; issues surrounding treatment; and issues surrounding interpersonal relationships as females attempt to recover.

The problem most reported was the exaggerated feeling of "shame and guilt." Once the females had detoxified and changed their lifestyles, some of them were confronted with severe shame and guilt issues -- issues not ordinarily faced by their male counterparts. Issues relative to prostitution, stealing, and other deviant behaviors were often identified. Being in and out of jails and "serving time" in prison were cited. Neglect of children, temporary loss of children, and permanent loss of children were also identified as major sources of shame and guilt. The existence of this exaggerated sense of shame and guilt among females was reported by both male and female respondents to be the result of societal "double standards." A 33-year-old, white female articulated the nature of this problem quite well. She stated:

There's a lot of issues with women that have not really been addressed. There's a lot more guilt in women, a lot more shame. Because it is so much more shameful. It's okay for a man to go up to a woman in a bar and proposition her - that's "macho," that's being a man. If a woman goes up to a guy in a bar and propositions him, she's considered not very much of a lady (laughs), to say the least! So, there's a real double standard. It's okay for a man to go out and drink and drive fast and get a DUI. It's real degrading for a woman to go out and drink and drive fast and get a DUI. There's just a lot of double standards that make it real difficult for women because we hid it more. We know it is not okay, you know. And we get put down a lot.

Issues surrounding treatment programs primarily geared toward treating males has been noted in the literature (e.g., Cuskey and Wathey, 1982), however, the responses of these ex-addicts suggest that the problem is more pervasive than previously recognized. These

complaints fell into three areas. The first was that females were often treated as less than equals. The second complaint was that specific female needs resulting from having been a hardcore female heroin addict received little attention in treatment. Issues surrounding loss of children, having been a prostitute, health issues, and other pressing problems were not appropriately addressed. More specifically, extremely sensitive issues, e.g., sexual issues and abuse issues, received even less, or no, attention. The last issue relative to treatment was that often male staff members' personal interest in some females, particularly the attractive ones, impaired effective treatment. Conversely, some of the females were able to manipulate these staff members, hence, further complicating treatment efforts.

Finally, regarding relationships, more than one-half of the female respondents indicated that they had had problems developing friendships with females upon initiating their recovery. The reported reason for this was that during their addicted life, most of their friendships were with males, and they rarely had female friends. In fact, other females who used heroin were viewed as rivals. This attitude of rivalry carried over into their recovering lives, and seriously impaired their ability to develop much needed friendships with the only group of individuals who had shared similar experiences.

"Sense of Purpose" and "Unconditional Relationship" Theories

There were two substantive theories (specifically focused on heroin addiction recovery) that emanated from the data gathered in this study. They were the sense of purpose theory and the unconditional relationship theory.

As previously mentioned, it was observed that at least one-half of all the ex-addicts who qualified for this study were employed in drug abuse treatment facilities. It was also observed that employment within these settings carried significantly more meaning for them than employment typically carries for the average person employed in other settings. In fact, employment in these treatment settings was often credited with helping sustain the ex-addict's recovery. In other words, these jobs were not simply a means for earning a living, but were means by which ongoing therapeutic benefits were derived.

Essentially, these ex-addicts, through their involvement with helping drug addicts and combatting a major social problem, have found life to be satisfying, challenging, meaningful, and filled with other intrinsic rewards that suddenly produced a powerful sense of purpose for them. In essence, their jobs have made it possible to meet their survival needs for food, shelter, etc., but have also hurled them into a situation where the opportunity to meet higher human needs is constantly present.

The unconditional relationship theory grew out of the fact that a majority of the respondents in this study had had a special therapeutic relationship with someone during recovery attempts. Fifteen of the 16 NA members reported having such a relationship with their sponsor (fellow member of NA serving as mentor), while others reported having such a relationship with a counselor, a friend, or a relative. Although these relationships, in some cases, spanned many years, they were reported to be particularly valuable during the early phase of recovery or during problem periods. These relationships were often characterized as unconditional, completely accepting, and as other "no strings attached" kinds of relationships.

Another quality of these relationships was the informal nature of them. Even when such a relationship was with a counselor in a treatment facility, the relationship had a friendship quality about it. The counselor and the recovering addict spent time together outside of the treatment facility, and did so as friends rather than as client and counselor. Essentially, the kind of relationship being referred to is one that not only is therapeutic in that it provides guidance and support to the addict attempting to recover, but is also one that is perceived by the addict as a genuine, unconditional friendship.

Implications for Social Work Practice

The various findings, when viewed together, perhaps illustrate a very important point when considering developing a strategy for an addict seeking recovery. That is, it seems helpful to keep in mind that each addict comes to treatment with experiences common to other addicts, but more importantly, each situation is very different in many respects. The reasons for initiating and sustaining use of drugs, the individual background of

each addict, and the environment in which the person maintained his or her addiction are often very different. Hence, to approach treatment of each addict using the same strategy is likely to be counterproductive; treatment should vary to meet the unique situation of each addict-client.

Female Issues

One of the most disturbing findings to come from this study surrounds the disparity between the recovery experiences of males and females. It became quite clear that females attempting to recover were confronted with substantially more obstacles than their male counterparts. The expectations associated with appropriate female behavior in this society and the repercussions experienced by females who violate those expectations proved to be exceptionally harsh for the female heroin addict -- even when she decided to correct her addiction problem. Shame and guilt issues, self-esteem problems, problems with new male and female relationships, and, of course, health issues represent but a few of the problem areas that may need special attention if treatment is to be successful.

A basic barrier to effective and comprehensive treatment of female heroin addiction appears to be the proliferation of treatment programs that are primarily geared toward treating the male addict. Such modalities, by their very nature, tend to be insensitive to the special needs of women, and in some instances, may be promoting counterproductive treatment.

The conventional practice of group therapy in these settings may require critical examination. The findings indicate that females were not able to effectively address some of their fundamental problems in these mixed groups. Embarrassment, potential ridicule by male addicts, and the overall lack of empathy by male addicts and staff members prevented females from fully participating in such groups; thus, preventing them from reaping the curative benefits typically associated with participating in group therapy. Not only should groups directed toward special female needs be increased, but the overall practice of coed group therapy, at least as it is conventionally conducted, should be carefully examined.

Several of the female respondents reported that at some point before or during their ordeal with heroin, they had become single parents. This new role as sole head of a household and supporter of a child or of children created a host of problems that were not addressed in treatment. The need for appropriate child care while in treatment, the guilt created by being an absent parent and possibly recognized as a drug addict by their children, and the shame of having lost custody of their children through the courts, created additional problems for some of these females. Complicating this situation was the fact that even if treatment were successfully completed, these females were often ill-prepared to attain a level of employment that would produce sufficient income to take care of a small family.

Overall, the findings relative to these serious issues of female addicts seeking recovery indicated that a separate and fundamentally different approach to heroin addiction of females needs to be advanced. Service providers in these settings need to be made aware of the distinctions between the needs of females and males in treatment. Policy makers, administrators of these programs, and others who can impact these conditions also need to be made aware of these differences.

Immersion into Alternative Activity

This finding is extremely valuable because it lends itself to immediate implementation into a treatment strategy. A potential problem, of course, will be matching a particular client with a fulfilling activity or combination of activities that will serve the desired purpose. Many of the addicts that practitioners work with are fixated in a value system that has prevented them from enjoying activities beyond those of the addict lifestyle. In such cases, it might take an extensive period of work to develop new values about, and a firsthand appreciation of, the satisfactions that can be derived from alternate activities.

Regardless of the nature of the proposed activity or set of activities, it appears to be important that the person at least keep busy. This seems especially important in the beginning of recovery. Idle time was described by several of the respondents as "the enemy." Many recovering addicts may need help in identifying and

developing potential leisure time activities to fill some of the void created by idle time.

Essentially, the findings indicate that a successful effort at recovery is much more an active process than it is a passive one. Treatment personnel need to be acutely aware of this. Social workers and other helping professionals who see these clients on an individual basis should be reminded that "talking therapies," without active engagement in alternative activity, are more likely to fail than strategies that include such activities.

Working in Drug Addiction Treatment Environment

Employment within a facility designed to address drug abuse problems qualified as one of those activities that were fulfilling. There were also a number of other benefits for the newly recovering addict and the completely recovered addict. The findings overwhelmingly support this contention, and one of the discussions on theory further clarifies some of the therapeutic dynamics that may be operating under these conditions. This important finding has definite implications for adding to treatment options.

If working in a treatment facility can be the critical condition that turns a tentative recovery into a permanent recovery, program planners should take advantage of this. Basically, this finding suggests that as many drug abuse programs as possible should consider hiring ex-addicts whenever it is practical to do so. Hiring them as aides and technicians, and training them to serve as counselors, are excellent opportunities to meet staffing needs. Of course, careful screening of candidates for these jobs and the personal attributes of these candidates should play a major role in such hiring practices.

Application of Sense of Purpose Theory

The theory, formulated to explain why working in a drug treatment facility was therapeutic, was referred to as the sense of purpose theory. Essentially, it proposes that recovering as well as recovered addicts derive important therapeutic benefits from working in drug abuse treatment facilities; and, the aggregate results produce a feeling of having a sense of purpose in one's life.

When these individuals complete their various treatment regimens, they are often confronted with having to seek employment with limited skills or professional training. At this juncture, decisions about what kind of employment to seek, what training to take, or some combination of work and training are critical. Mundane and repetitive work should be avoided if possible. If such employment is all that there is available to the addict attempting to achieve lasting recovery, that kind of employment should be viewed as temporary until another position can be found or until training produces desired employment. Even in cases where the addict can return to a job after completing treatment, careful consideration should be given before returning to that job permanently.

Although employment in a treatment program was used to formulate and illustrate the sense of purpose theory, the theory does hold other explanatory value. Perhaps most obvious is the relationship between the theory and the value of the addict finding an alternate fulfilling activity. Not all, but some, of these activities certainly provided the ex-addict with a sense of purpose. Increased commitment to family and increased activity with family members, particularly with children, can result in this feeling about oneself. A spiritual awakening and involvement with related activities also constitutes a source. And, becoming a sponsor in NA can provide some ex-addicts with a sense of purpose.

Any number of activities have the potential of providing the ex-addict with a sense of purpose. The task for treatment personnel is to work with the addict to discover what those activities might be.

Application of Unconditional Relationship Theory

This finding could lead to fairly straightforward application. Treatment personnel should attempt to encourage such a relationship, and help develop them whenever possible. Counselors in treatment settings are in an ideal position to provide such a relationship, and perhaps can effectively do so in some instances. However, given the caseloads that some of these counselors have and the already understaffing that is inherent in these settings, it would be unrealistic to think that each counselor could provide the kind of ongoing relationship to which this theory refers. In fact, most professional education discourages such a relationship with a client.

The policies of many treatment facilities also discourage such a relationship:

These policies are designed ordinarily to serve a positive purpose; they are intended to protect the worker from being exploited by the program, prevent burn-out, and, in general, are designed to prevent unrealistic demands being made of the worker. These are reasonable policies, and should not be challenged. Nevertheless, the obvious value of such a relationship should be taken advantage of in some manner. A deliberate effort needs to be made to see to it that such a relationship is available to the newly recovering addict for an extended period of time.

Implications of Narcotics Anonymous-Related Findings

Unquestionably, being a member of NA helped at least one-half of the respondents in this study achieve and maintain their recovery. This model, however, has received a considerable amount of criticism, both inside and outside of the community of substance abuse treatment. Given the apparent success of the organization as reflected in this study, one might decide to use the NA model without heeding the warnings that accompany some of the criticisms. Observations made while conducting this study indicated that before a social worker, administrator, or other treatment personnel make a decision to refer a client to an NA group or incorporate such a group into their particular treatment program, the pros and cons of the NA model should be carefully examined.

The various criticisms that such 12-step programs receive are usually directed toward two related assumptions that frame the program's practices. The assumption that receives the most criticism is the belief that the person's addiction to heroin or other drugs is the manifestation of an organic disease. The principal drawback of this belief is that it relieves the addict of personal responsibility for his or her recovery, and denies the existence of free will and self-determination. Abdication of free will and self-determination is particularly problematic for professional social workers, since empowering people to be self-determining is a fundamental goal of the profession.

The fundamental assumption that recovery of the addict has to be turned over to a higher power has also received substantial criticism. This assumption requires the addict to embrace the idea that this power takes an active interest in his or her personal affairs, particularly his or her addiction to drugs. Again, self-determination (as opposed to determination outside of one's self) is assumed to be non-existent, and a more passive attitude toward recovery and other important life events can result.

These two related assumptions appear to be the sources of most of the criticism directed at NA. Primarily they are attacked because they appear to foster helplessness rather than self-determination.

On the other hand, the diminution of drug use among individuals who continue to be active members of NA cannot be overlooked. Many of the NA members interviewed stated that they had attempted to recover by using other treatment methods or by attempting on their own, and had failed. They said that becoming a member of NA is what finally eventuated into recovery for them.

Regardless of the legitimacy of the criticism that NA receives, without question, some of its practices provide a number of therapeutic benefits for the addict seeking recovery. The access to an alternate fulfilling activity, the relationship (often unconditional) provided by the NA sponsor, and other positive activities, render a variety of therapeutic benefits -- all at no monetary cost.

However, a decision to use NA principles or to refer a client to NA for aftercare is a decision that should be given the utmost consideration. Both the strengths and weaknesses of these programs should be extensively discussed. In making a collaborative decision with the recovering addict, the special conditions or his or her circumstances should be considered. For instance, the circumstances of an addict who has a long history of addiction and has failed at a variety of recovery attempts, including known attempts at suicide, should be viewed in light of that particular personal history. Conversely, a teenager who has been addicted to heroin for six months should be presented with treatment or aftercare options consistent with his/her needs and long-term best interest.

Conclusion

This was an exploratory descriptive study. Obviously, the findings emanating from it should be subjected to more rigorous research. Nonetheless, issues surrounding female recovery, potential problems that accompany the 12 step models, and other findings could hold immediate interest for social workers working with this population. However, until hypothesis-testing research further clarifies these findings they are presented as potentially invaluable.

REFERENCES

- Alcoholics Anonymous Publishing. (1955). Alcoholics Anonymous. New York: Author.
- Bess, B., Janus, S., & Rifkin, A. (1972). Factors in successful narcotics renunciation. American Journal of Psychiatry, 128(7), 95-98.
- Brill, L. (1972). The de-addiction process. Springfield, IL: Charles C. Thomas.
- Chein, I. (1980). Disruptive environment theory. In D.J. Lettieri, M. Sayers, & H. W. Pearson (Eds.), Theories on drug abuse: Selected contemporary perspectives. NIDA Research Monograph, 30, 380-381.
- Coleman, W.J. (1978). The dynamics of narcotic abstinence: An interactionist theory. The Sociological Quarterly, 19, 555-564.
- Cuskey, W.R., & Wathey, R.B. (1982). Female addiction. Lexington, MA: D.C. Heath.
- Johnson, B.D. (1980). Drug subcultures theory. In D.J. Lettieri, M. Sayers, & H. W. Pearson (Eds.), Theories on drug abuse: Selected contemporary perspectives. NIDA Research Monograph, 30, 387-388.
- Jorquez, J.S. (1980). The retirement phase of heroin using careers. Ann Arbor, MI: University Microfilms International.
- Jorquez, J.S. (1980). The retirement phase of heroin using careers. The Journal of Drug Issues, 13(2), 343-365.
- Lettieri, D.J., Sayers, M. & Pearson, H.W. (Eds.). Theories on drug abuse: Selected contemporary perspectives. NIDA Research Monograph, 30, 389.
- Lindesmith, A.R. (1980). General addiction theory. In D.J. Lettieri, M. Sayers, & H.W. Pearson (Eds.), Theories on drug abuse: Selected contemporary perspectives. NIDA Research Monograph, 30, 389.

- Maddux, J.F., & Desmond, D.P. (1975). Reliability and validity of information from chronic heroin users. Journal of Psychiatric Research, 12, 87-95.
- Narcotics Anonymous, World Service Office. (1983). Narcotics Anonymous. Van Nuys, CA: Author.
- Robins, L.N. (1973). The Vietnam drug user returns. (Special Action Office Monograph). Washington, DC: U.S. Government Printing Office.
- Stephens, R. (1972). The truthfulness of addict respondents in research projects. The International Journal of the Addictions, 7(3), 549-558.
- Spotts, J.V., & Shontz, F.C. (1980). Lifetime theory. In D.J. Lettieri, M. Sayers, & H. W. Pearson (Eds.), Theories on drug abuse: Selected contemporary perspectives. NIDA Research Monograph, 30, 398-399.
- Tims, F.M., & Leukefeld, C.G. (Eds.). (1986). Relapse and recovery in drug abuse. NIDA Research Monograph, 72.
- Vaillant, G.E. (1966). A twelve-year follow-up of New York narcotic addicts: IV. some characteristics and determinants of abstinence. American Journal of Psychiatry, 123(5), 573-585.
- Vaillant, G. E. (1973) A 20-year follow-up of New York narcotic addicts. Archives of General Psychiatry, 29, 237-241.
- Waldorf, D. (1983). Natural recovery from opiate addiction: Some social-psychological processes of untreated recovery. Journal of Drug Issues, 13(10), 237-280.
- Wesson, D.R., Havassey, B.E., & Smith, D.E. (1986). Theories of relapse and recovery and their implications for drug abuse treatment. In F.M. Tims & C.G. Leukefeld (Eds.), Relapse and recovery in drug abuse. NIDA Research Monograph, 72, 5-19.
- Winick, C. (1962). Maturing out of addiction. Bulletin on Narcotics, 14(11), 1-7.

Winick, C. (1980). Role theory. In D.J. Lettieri, M. Sayers, H.W. Pearson (Eds.), Theories on drug abuse: Selected contemporary perspectives. NIDA Research Monograph, 30, 400-401.